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PATENT
RAP04 P-617A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group : 3653
Examiner : Joseph C. Rodriguez
Applicants : Claudio A. Cerutti, Artemio G. Affaticati and Stuart M. Edwards
Serial No. : 10/067,599
Filing Date : February 4, 2002
For : ARTICLE SORTATION SYSTEM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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GROUP 3600

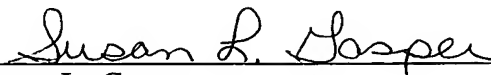
Dear Sir or Madam:

CERTIFICATE OF MAILING

I hereby certify that the attached return postal card, a check in the amount of \$172.00 (claim amendment fee), Claims As Amended Transmittal Sheet (1 page, in duplicate), Response (26 pages), a copy of the English abstract for JP406127662 (1 page), a copy of the Information Disclosure Statement filed May 23, 2002 (5 pages), and a copy of the electronic Information Disclosure Statement filed January 8, 2003 (5 pages) are being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on April 15, 2004.


Susan L. Gasper
Van Dyke, Gardner, Linn & Burkhart, LLP
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Grand Rapids, Michigan 49588-8695
(616) 975-5500

TAF:slg



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RAP04 P-617A

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Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.
The fee has been calculated as shown below:

CLAIMS AS AMENDED

| Col. 1 | | Col. 2 | Col. 3 | Small Entity | | Other Than Small Entity | |
|---|-------------------------------------|--------|---------------------------------------|------------------|--------|----------------------------|--------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Add'l Fee | Add'l Fee |
| Total Claims | * 89 | Minus | ** 89 | = 0 | x \$9 | \$.00 | x \$18 |
| Independent Claims | * 11 | Minus | *** 9 | = 2 | x \$43 | \$.00 | x \$86 |
| First Presentation of Multiple Dependent Claims | | | | | \$145 | \$.00 | x \$290 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$ | \$172.00 |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☐ No additional Fee is required.
3. ☒ A check in the amount of \$172.00 is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: April 15, 2004

By Timothy A. Flory
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